



Section 8  
PERSONAL DECLARATION

Tenant Name: _____ Address: _____ Phone: _____ Email: _____	List name and phone number of a contact in case of emergency Name: _____ Phone: _____
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This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All adult members of the household **MUST** sign their name on the back of this form certifying the information pertaining to them.

**1. HOUSEHOLD COMPOSITION:** List all persons who will be living in your home. List Head of Household first.

ADULTS (Legal Name) 18 years and older	Date of Birth	Relationship to Head of Household	Social Security Number
1.			
2.			
3.			
4.			

CHILDREN (Names as it appears on SS card)	Date of Birth	Relationship to Head of Household	Social Security Number	Absent Parent's Name and Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a **criminal offense** to make willful false statements or misrepresentations to **any** Department or Agency of the United States as to any matter within its jurisdiction.

**Form Continued on Back**



## APPLICANT/TENANT CERTIFICATION

### **Giving True and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

### **Reporting Changes in Income or Household Composition**

I know I am required to report immediately, in writing, any change in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

### **Reporting on Prior Housing Assistance**

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money is owed. I certify that for this previous assistance, I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

### **No Duplicate Residence or Assistance**

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal Housing Assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately in writing. I will not sublease my assisted residence.

### **Cooperation**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending prescheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

### **CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

**Signature**

1) \_\_\_\_\_

Date \_\_\_\_\_